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ABSTRACT

Diagnostic-prescriptive teachers have been proven to be the most effective in teaching reading, regardless of the method which they use. This paper contains a model developed by the University of Texas at Austin to use as a guide for reading teacher education. The diagnostic-prescriptive reading teacher: (1) Possesses a knowledge of the reading skills and their general sequence; (2) Realizes that the children in the classroom vary widely in their abilities to read and to learn; (3) Operates a program that is characterized by continuous, informal diagnosis of individual student attainments of the various reading skills, including knowledge of and use of the informal reading inventory; (4) Prescribes individual programs for individual students based upon the assessment of the most needed skills; and (5) Provides a program that reveals skills instruction tailored to individual needs. To reach this goal requires a high degree of development in terms of organization and management, which is stressed in the teacher education program. In-service teacher training programs are also being conducted using the program described. (MKM)

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Criteria for Excellence: Teacher Performance

The Diagnostic-Prescriptive Teacher

Presented at the Twenty-Eighth Language Communications Conference at the University of Pittsburgh, November 8, 1975

Frank J. Guszak

When the massive First Grade Reading Programs Study (Bond and Dykstra, 1967) failed to support any one method of reading instruction as "the method", the by-products of the study were examined. The most noteworthy observation revealed that while there was no single method that seemed to produce consistent results, there were teachers across the various programs who seemed to have unusually good results. These teachers, who were subsequently dubbed "diagnostic" teachers, seemed to prosper in any kind of program. Not only did the teacher's work effectively with any type of reading program, they also achieved results in the so-called "disadvantaged" areas where most other teachers were not successful.

Presumably with the knowledge that such "diagnostic teachers" did exist, it would be a simple matter to look at these people and examine what they did so that we could train the others to do similarly. Unfortunately, that logic failed to work because it was discovered that the teachers were so vastly different that it was impossible to generate a model of a "diagnostic teacher" from the composite of these people. It simply revealed the failing research initiated in the early 1900's by Barr and others who set out to research personality variables as well as other traits that separated the "good" teachers from the "not so good" teachers.

What the "diagnostic teacher" concept did accomplish was to reveal

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to the world the already suspected idea that the "teacher is the critical variable that can make a difference in a child's reading." That is, the teacher can make things happen when they don't normally happen because of the absence of other crucial variables, e.g. reading in the home, etc. It also set a number of researchers out on the path of trying to determine to what extent diagnostic teachers could be produced by training programs.

A Diagnostic-Prescriptive Teacher Concept

Very soon after the First Grade Studies (Bond and Dykstra, 1967), we set about the task of building diagnostic-prescriptive reading teachers. The assumptions upon which we have constructed our model specify the following criteria about our future product:

The Diagnostic-Prescriptive reading teacher:

1. Possesses a knowledge of the reading skills and their general sequence.

Mager (1962) suggests that many educators "are aiming at nothing and hitting it most of the time." Perhaps, such an indictment would apply to many reading instructional efforts that proceed without any clear goals of reading behavior.

Because reading skills are identifiable goals, it seems imperative that diagnostic teachers possess clear understandings of these behaviors and the relative timing of their appearance. It seems imperative that the kindergarten teacher must have some knowledge of higher level reading skills if she is to make provisions for children who enter kindergarten as readers. Conversely, a junior high or high school teacher must often deal with beginning readers. Without a knowledge of beginning reading skills, these latter teachers are severly handicapped in helping these children with great needs.

Certain reading authorities deny the existence of any describable sequence of reading skills. Such a notion appears nonsense to any observer of beginning reading who notes specific patterns of acquisition. While there is obvious truth in the idea that many so-called reading skills lists are very artificial constructs of the reading process, there is also obvious evidence regarding the acquisition of reading skill (Cohen, 1975).

2. Realizes that the children in his/her classroom vary widely in their abilities to read and to learn.

While most of us readily accept the idea that few of us look alike, weigh the same, or possess the same interests, there is a continuation of the widespread notion that we all learn alike. Consequently, we see most children in a grade expected to function from the same reader, speller, math text, etc. Presumably, the children listen to the teacher and march in unison through the learning process.

Obviously, it doesn't work this way as we note that children arrive at school with very different types of backgrounds and learning rates. Still, demands are made to teach them all the same and to apply the same pacing rates.

It is critical for the "diagnostic teacher" to realize that the children will arrive at different levels and will learn at different levels. Such a realization and appreciation is necessary if the teacher is to employ the subsequent steps which result in unique programming for unique individual needs. It seems important to stress this because there are many programs in reading that are supposed to be administered to the class in toto. The face validity of such a claim is so obviously

false that it seems strange that people (especially teachers) can buy the idea that all children's needs can be met by the same instruction to all children.

3. Operates a program that is characterized by continuous, informal diagnosis of individual student attainments of the various reading skills.

Knowing skills sequences and accepting that children have reached differing levels of attainment is not enough. The teacher must be able to determine accurately where each child stands on the reading skills continuum if she is to program effectively.

The process of diagnosis, to be effective, must be continuous. To be continuous, it must be primarily informal (performed on the spot by the teacher who observes and notes specific behaviors or their absence). It seems to us unrealistic, that most formal, standardized testing formats can offer the diagnostic teacher very much information for the ongoing process of instruction.

The most crucial measurement, insofar as we are concerned, is the informal reading inventory concept as developed initially by Betts (1946) and refined by others (Powell, 1968, 1974). We feel that the concept is particularly crucial for early readers who must receive correctly timed inputs into their reading development. While many doubt the validity of the concept of an "independent" and "instructional" reading level, we continually observe the reality of such by observing the progress of pupils who are correctly placed as opposed to those who are struggling daily with high difficulty materials. In many instances, we observe that the simple replacement task, followed by extensive reading practice can correct many so-called reading problem cases.

Of primary concern to us as we observe readers in action is their use of the context for the determination of words and meanings. Consequently, we are closely attuned to note pupils who fail to look beyond difficult words for meaning, pupils who constantly look up to the teacher to give them "unknown" words, and other behaviors that reveal an absence of contextual analysis skills.

When contextual analysis will not permit the unlocking of words, we observe to see whether the pupil possesses skills which will permit him to unlock its particular structures (words in compound, root words, affixes, syllables, endings). Depending upon what the child does in terms of breaking these things down, we determine his needs.

4. Prescribes individual programs for individual students based upon the assessment of the most needed skills.

Diagnosis without prescription is obviously insufficient, so we are keenly aware of the need to develop appropriate learning tasks that will produce the desired reading skills. This means that we must assist teachers in the development of specific tasks for specific word recognition and comprehension needs.

Pupils just entering the reading process are taught to read kernel sentence patterns that feature tight controls. Through the processes of modeling, substituting, framing, matching, and closing, pupils are taught to read whole words in controlled sentences.

Prediction is featured by developing reading patterns that cause pupils to use pictorial, syntactic, and semantic cues in an effort to reduce uncertainty. We make what we call "Cloze Readers" where pupils read and predict covered up words by their surroundings.

While the reading of whole sentence patterns is being developed, pupils are initiated into a structural analysis supporting system that is designed to complement their emerging reading skills. Included in this structural support system is the dimension sometimes referred to as "phonics". To us, phonics is taught inductively through a substitutive process, whereby pupils learn no rules or descriptors (e.g. long vowels, short vowels). Rather, children learn to perform initial, final, and medial substitutions that will eventually heighten their recognition of unfamiliar word structures.

Comprehension tasks involving prediction, location, memory, organization, and evaluation are solicited from the pre-reading level on through each increasing stage of difficult material.

Each pupil has an individual profile sheet in order that the teacher may note needs and attainments in his reading development.

5. Provides a program that reveals skills instruction tailored to individual needs.

The inevitable result of the above programming is individualized instruction. There can be no "diagnostic teacher" without the realization of individualization.

The problem does not seem to be that people reject the idea that children's needs are quite different (and that they need different programs) but in the realization of how you go about individualizing a large number of students. Many say quite simply that "It can't be done."

We feel and offer evidence in terms of ongoing projects that "it can be done." To be done, though, requires high degree of development in

terms of organization and management. Much effort is currently directed toward these concerns as seen by such programs as the Wisconsin Design for Reading Improvement (Otto, 19), The Fountain Valley Reading Support System (Zweig, 1975) and others.

Our efforts in these directions have been focused upon the development of the following things:

A compact set of behavioral objectives

A compact means for recording pupil skills needs

A systematized means of directing pupils to needed skills materials

A specific set of instructional procedures for dealing with different types of skills needs

A time management system that assists the teacher in planning how to organize her time toward the greatest pupil benefits

A contract system that permits pupils to work effectively on their own toward the development of basic skills needs.

Programming Developments

Our "diagnostic-prescriptive teacher" model was initiated through the undergraduate program at the University of Texas at Austin. Eight years ago we realized that the lecture course on reading methods just wasn't getting the job done. Noting the need to teach children, we brought children into the university classroom, scooted the chairs against the wall, and began to have our classes focused upon the teaching of children in an open space situation. The description of the development of this program is chronicled in the literature (Guszak, 1971; Guszak, 1969; Guszak and Mills, 1973; Serlin, 1970).

Currently, we are seeing our graduates developing diagnostic-prescriptive programs in all grade levels in many schools. Their efforts have been instrumental in causing numerous school districts to seek specifically graduates of our program.

As pleasing as the development of preservice teachers has been, we have realized that such is not enough. With declining job opportunities and birth rates, it has been critical to reach more and more in-service teachers. Consequently, we have been turning increasingly to in-service teacher training efforts.

Two of the most intensive efforts have been in Saint Martin Parish (Louisiana) Follow Through Project and the Eagle Pass Independent School District Project (Texas). In both of these experiences we have established continuing in-service training programs. In both places we are seeing outstanding achievement, not previously noted (St. Martin Follow Through, 1974, 1975; Eagle Pass Reading Evaluation, 1974, 1975). In Saint Martin's the First Grade group has achieved national normative scores and has surpassed the higher socio-economic students. In Eagle Pass at midsemester of the First Grade, the children had made twice the achievement of the preceeding year's First Graders (in one half the time). Such efforts are resulting in increased calls for the development of diagnostic-prescriptive teacher training programs in other places.

Currently, our programming effort matches pre-service and in-service training in the Brooke Elementary School in Austin, Texas. At Brooke we train three groups of undergraduates (first semester, second semester, and student teachers) in a program where all the teachers are operating our program model. Brooke's achievement gains are documented (Garza, 1975).

Program Descriptions

The basis of the programming effort is contained in the text Diagnostic Reading Instruction in the Elementary School (Harper and Row, 1972). Further detail and development is contained in the Reading Checklist Teacher's Manual (Services In Education, 1975). Some of the latest developments in contracting and subsystems are contained in the latter publication.

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